

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	::037200006		CITYOR	IOWN	EDGARIC) W N
APPLICATION FOR	R RENEWAL:	Seasonal		LICENS	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	THE RESTAURANT	AT DUNES I	ROAD, L.L.C.			
DOING BUSINESS	A LURE					
ADDRESS OFF KA	ΓAMA RD					
CITY/TOWN: EDC	FARTOWN	STATE: M	IA ZIP CO	ODE:	02539	
MANAGER: WEB BROOM		OF LICENSE:	Restaurant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YO	UR EMAIL ADDRESS			
	LICENSED PREMISES					
	SERVICE BAR ON SEC EXITS AND ENTRANCI		O BAR ON FIR	ST LEVEI	L. LOCATED	OFF
I hereby certify and s	wear under penalties of	perjury that:				
1. the renew	ed license will be of the	e same type for	the same prem	ises now	licensed;	
2. the license	ee has complied with all	l laws of the C	ommonwealth 1	relating to	taxes; and	
3. the premis	ses are now open for bu	siness (If not e	xplain below)			
SIGNED BY:						
	Individual, Partner or	Authorized Co	orporate Office	r		
DATE:	TELEPHONE 1	NUMBER:				TON NUMBER:
			(Note.	. NOT mai	viduai Sociai S	ecurity Number)
Acts of 2004, signed	d, attest that we are in d by the building inspe (2) the certificate of lic	ector and the l	nead of the fire	e departn	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla						
(ii disapproved expla	111)					
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

	CITT OR TOWN	EDGARTOWN
APPLICATION FOR RENEWAL: Season	al LICEN	SED FOR 2013
CLAS	S	YEAR
LICENSEE NAME: BOATHOUSE BAR, LLC		
DOING BUSINESS A NAVIGATOR RESTAURANT	& BOATHOUSE BAR	
ADDRESS 2 MAIN ST		
CITY/TOWN: EDGARTOWN STATE:	MA ZIP CODE:	02539
MANAGER: Anderson, Scott TYPE OF LICENS	SE:Restaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:		
THE FIRST FLOOR OF 2 MAIN STREET EXCLUDING TH ENTRANCES AND EXITS ON MAIN STREET AND THE ROUTDOOR PATIO AND DECKS. STORAGE IN THE BASE	REAR OF THE PROPERTY	, INCLUDING THE
I hereby certify and swear under penalties of perjury that	:	
1. the renewed license will be of the same type f	for the same premises now	licensed;
2. the licensee has complied with all laws of the	Commonwealth relating	to taxes; and
3. the premises are now open for business (If no	t explain below)	
SIGNED BY:		
SIGNED BY: Individual, Partner or Authorized	Corporate Officer	
	Corporate Officer	
Individual, Partner or Authorized		
	EMPLOYE	R IDENTIFICATION NUMBER:
Individual, Partner or Authorized	EMPLOYE	R IDENTIFICATION NUMBER: dividual Social Security Number)
Individual, Partner or Authorized	EMPLOYE (Note: <u>NOT</u> Inc (1) the certificate requir e head of the fire depart	red by Chapter 304 of the ment for the above
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below:	EMPLOYE (Note: <u>NOT</u> In: (1) the certificate require e head of the fire depart y insurance required by	red by Chapter 304 of the ment for the above
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	EMPLOYE (Note: <u>NOT</u> In: (1) the certificate require e head of the fire depart y insurance required by	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYE (Note: NOT Inc.) (1) the certificate require head of the fire departy insurance required by	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	EMPLOYE (Note: NOT Inc.) (1) the certificate require head of the fire departy insurance required by	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYE (Note: NOT Inc.) (1) the certificate require head of the fire departy insurance required by	red by Chapter 304 of the ment for the above Chapter 116 of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 037200015		CITY	OR TOWN	EDGARTO	WN
APPLICATION FO	R RENEWAL:	Season CLAS		LICENS	SED FOR 20	13 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 38 NOR			,,,			12110
CITY/TOWN: ED	GARTOWN	STATE:	MA ZII	P CODE:	02539	
JOA	TTERSON, TY NNE XWELL	PE OF LICEN	SE:Innholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL ADDR	RESS		
DESCRIPTION OF	LICENSED PREMI	SES:				
COLONIAL INN.1ST ENCLOSED PORCH	OG.W/REST. LOCATE C.FLR.FOOD SERVICE AREAS&EXCLUDIN ANDA&LOBBY.SERV	E LIMITED TO A G SERVICE IN	A REST. APPRO RETAIL	OX.44'X66'IN	ICL.SERVICE	
I hereby certify and	swear under penalties	s of perjury tha	t:			
1. the renev	wed license will be of	the same type	for the same pi	remises now	licensed;	
2. the licens	see has complied with	all laws of the	e Commonweal	lth relating to	taxes; and	
3. the prem	ises are now open for	business (If no	ot explain belo	w)		
SIGNED BY:	Individual, Partne	or Authorized	Corporate Off	ficer		
DATE:	TELEPHON	IE NUMBER:	1)		IDENTIFICAT	ION NUMBER:
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and th	e head of the	fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOC. By:	AL LICENS	ING AUTHO	DRITY
DATE:						



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0372000	16	CITY OR TOWN	EDGARTOW	N
APPLICATION FOR RENEW	AL: Seasonal	LICEN	ISED FOR 2013	
	CLASS		YI	EAR
LICENSEE NAME: CHAPPA	AQUIDDICK BEACH CLUI	3 INC		
DOING BUSINESS A				
ADDRESS 37 CHAPPAQUID	DICK RD			
CITY/TOWN: EDGARTOW	N STATE: MA	ZIP CODE:	02539	
MANAGER: MACRAE, PET B.	TER TYPE OF LICENSE:	Club C	ATEGORY: A	Il Alcohol
EMAIL ADDRESS:				
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LICENSE	D PREMISES:			
LOCATED AT 37 CHAPPAQUII ROOM BUILDING.	DICK RD., ENTRANCE AND	EXIT TO SAID ROAD	ONE FLOOR, O	ONE
I hereby certify and swear under	r penalties of perjury that:			
1. the renewed license	will be of the same type for t	he same premises now	v licensed;	
2. the licensee has con	nplied with all laws of the Con	mmonwealth relating t	to taxes; and	
3. the premises are now	w open for business (If not ex	plain below)		
SIGNED BY:				
Individu	al, Partner or Authorized Con	rporate Officer		
DATE: THE	ELEPHONE NUMBER:	EMPLOYE	R IDENTIFICATION	N NUMBER:
		(Note: NOT Inc	dividual Social Secu	rity Number)
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the certain of 2010.	uilding inspector and the he	ead of the fire depart	tment for the ab	oove
Please Check Below:		LOCAL LICENS	SING AUTHOR	ITY
APPROVED:		By:		
DISAPPROVED:		-		
(If disapproved explain)				
DATE				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200017		CITY OR TOWN ED	JAKTOWN
APPLICATION FOR RENEWAL:	Seasonal	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: SEAFOOD SHA	NTY RESTAURANT I	MANAGEMENT, INC.	
DOING BUSINESS A THE SEAFOO	D SHANTY		
ADDRESS 31 DOCK ST			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 025	539
MANAGER: DENISE PAGE T	YPE OF LICENSE:Rest	taurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	IISES:		
LOCATED AT 31 DOCK ST. ENTRANCE INCLUDING OUTSIDE DECKS ON FIRS WOOD FRAME BUILDING.			
I hereby certify and swear under penalti	ies of perjury that:		
1. the renewed license will be o	of the same type for the	same premises now licen	sed;
2. the licensee has complied wi	ith all laws of the Comm	nonwealth relating to taxe	es; and
3. the premises are now open for	or business (If not expla	in below)	
SIGNED BY:			
Individual, Partn	ner or Authorized Corpor	rate Officer	
D 4 777			
DATE: TELEPHO	ONE NUMBER:		TIFICATION NUMBER:
		(Note: Note individua	l Social Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	inspector and the head	of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
			 -
DATE:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 037200023		CITY OR TOWN EDGARTOWN				
APPLICATION	N FOR RENEWAL:	Seasonal	Seasonal LICENSED FOR 2013				
		CLASS			YEAR		
	AME: GREAT HARBOR NESS A EDGARTOWN I						
ADDRESS 40	MAIN STREET						
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE:	02539			
MANAGER:	HALL, BENJAMIN TYPLL JR	PE OF LICENSE:Pac	kage Store CA	ATEGORY:	All Alcohol		
EMAIL ADDR	RESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS				
DESCRIPTION	N OF LICENSED PREMIS	SES:					
SINGLE STORY SIDE; APPROX	Y BLDG WITH A SINGLE E 800 S/F	NTRANCE ON MAIN	ST AND TWO REAR	R ENTR.OFF	EITHER		
2. the	renewed license will be of licensee has complied with premises are now open for	all laws of the Comm	nonwealth relating to				
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer				
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: ecurity Number)		
Please Check Belo	ow:		LOCAL LICENS	ING AUTH	ORITY		
APPROVED:			By:				
DISAPPROVE (If disapproved							
rr -	. /						
DATE							
DATE:							



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200	0026	CITY OR TOWN	N EDGARTOWN
APPLICATION FOR RENE	WAL: Sea	asonal LICE	NSED FOR 2013
	C	LASS	YEAR
LICENSEE NAME: ESPRI	ESSO LOVE, INC.		
DOING BUSINESS A ESPE	RESSO LOVE CAFE		
ADDRESS 17 CHURCH ST			
CITY/TOWN: EDGARTOV	WN STATI	E: MA ZIP CODE:	02539
MANAGER: MCMANUS, CAROL A.	TYPE OF LIC	ENSE:Restaurant (CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE AL	SO VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	ED PREMISES:		
SINGLE STORY WOOD FRAM TOTAL OF 97 SEATS FOR PA NO SERVICE OF ALCOHOL F	TRONS INSIDE AND O	UT. TWO ENTRANCES , ONE	
I hereby certify and swear un-	der penalties of perjury	that:	
1. the renewed licens	se will be of the same ty	pe for the same premises no	w licensed;
2. the licensee has co	omplied with all laws of	the Commonwealth relating	to taxes; and
3. the premises are n	ow open for business (I	f not explain below)	
SIGNED BY:			
Individ	dual, Partner or Authori	zed Corporate Officer	
DATE:			
DATE:	TELEPHONE NUMBE	AX.	ER IDENTIFICATION NUMBER:
		(Note. NOT I	ndividual Social Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the c of 2010.	building inspector an	d the head of the fire depar	tment for the above
Please Check Below:		LOCAL LICEN	ISING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	037200029		CITY OR TOWN	N EDGARIC	JWN
APPLICATION FOR	RENEWAL:	Seasonal	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CHINA HOUSE R	RESTAURANT, INC.			
DOING BUSINESS A	CHINA HOUSE				
ADDRESS 234 UPPE	R MAIN ST.				
CITY/TOWN: EDGA	ARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: CHEN	G, YEE BIU TYI	PE OF LICENSE:Res	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L					
FULL SERVICE RESTA				FWO DINING A	AREAS,
I hereby certify and sw	vear under penalties	s of perjury that:			
1. the renewed	d license will be of	the same type for the	same premises no	w licensed;	
2. the licensee	has complied with	n all laws of the Com	nonwealth relating	to taxes; and	
3. the premise	s are now open for	business (If not expl	ain below)		
SIGNED BY:	In It is all Demons	and the deal of Comm	0.55		
	individual, Partner	r or Authorized Corpo	orate Officer		
DATE:		W. 141.40.00	EMBLOVI	ER IDENTIFICAT	FION NUMBER.
DITTE.	TELEPHON	NE NUMBER:		ndividual Social S	
					, ,
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the head	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200053	(CITY OR TOWN	EDGARTO	WN
APPLICATION FOR RENEWAL:	Seasonal	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: THE GOLF CLUB O	F MARTHA'S VINI	EYARD, INC.		
DOING BUSINESS A VINEYARD GOLF	CLUB			
ADDRESS 100 CLUBHOUSE LANE				
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: DALY, GERARD D. TYPE	OF LICENSE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EMA	IL ADDRESS		L
DESCRIPTION OF LICENSED PREMISE	S:			
THE PREMISES IS 100 CLUBHOUSE LANE I EXITS ON EACH SIDE OF DINING ROOM. I THE MAIN CORRIDOR. PREMISES CONSISTHREE FLOORS.	DINING CONSISTS O	F BAR, LIBRARY	AND TWO EX	XITS OFF
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	• •	-		
2. the licensee has complied with al			to taxes; and	
3. the premises are now open for bu	ısiness (If not explaii	n below)		
SIGNED BY: Individual, Partner or	r Authorized Corpora	ate Officer		
DATE: TELEPHONE	NUMBER:		R IDENTIFICAT	
		(Note: NOT III	dividual Social So	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspendent license and (2) the certificate of license 2010.	ector and the head o	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 037200057		CITY OR TOWN EDGARTO	OWN
APPLICATION	N FOR RENEWAL:	Seasonal	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NA	AME: AMONG TH	IE FLOWERS, INC		
DOING BUSIN	NESS A AMONG T	HE FLOWERS		
ADDRESS 17	MAYHEW LANE			
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE: 02539	
MANAGER:	TOOMEY, PAULINE C. H.	TYPE OF LICENSE: Re	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PI			EG ON AN
	ID COVERED PATIO		OR TWO INSIDE AND TEN TABL	ES ON AN
SIGNED BY:	-	en for business (If not exp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social S	
Acts of 2004,	signed by the build	ing inspector and the hea	ne certificate required by Chap ad of the fire department for the urance required by Chapter 11	e above
Please Check Belo	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVE (If disapproved				
(11 disappioved	Capiani)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 037200063		CITY OR TOWN	EDGARTOWN
APPLICATIO	N FOR RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: L'AVALON, INC			
DOING BUSI	NESS A L'ETOILE			
ADDRESS 22	NORTH WATER ST			
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE:	02539
MANAGER:	BRISSON, TYP MICHAEL P.	PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	<u> </u>
DESCRIPTIO	N OF LICENSED PREMIS	SES:		
THE FRONT DI OUTDOOR PA	KIT THRU FRONT DOOR IN INING ROOM. BEHIND THA TIO DINING AREA,AS WEL BY A SMALL HALF WALL	AT IS MIDDLE DINII	NG ROOM WHICH H	AS AN EXIT TO THE
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the	e same premises now	licensed;
2. the	licensee has complied with	all laws of the Com	monwealth relating to	taxes; and
3. the	premises are now open for	business (If not expl	lain below)	
SIGNED BY:		or Authorized Corp	orate Officer	
D.A.TE				
DATE:	TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
			(Note. NOT Ind	ividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and the hea	d of the fire departı	nent for the above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI	ED:		•	
(If disapproved	d explain)			
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 037200066		CITY OR TOWN	EDGARTO	OWN
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 20	013
		CLASS			YEAR
	RIGHT FORK,LLC A THE RIGHT FORK	Z DINER			
ADDRESS 12 MAT	TTAKESETT WAY				
CITY/TOWN: ED	GARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: LAN E.	NGLEY, JAMIE TYPE	OF LICENSE:Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMISE				
SAME.ONE STORY	OCATED AT 12 MATTA BUILDING W/TWO ENT ECK AREA KITCHEN,D	RANCES/EXITS C	ONSISTING OF AN O		
I hereby certify and	swear under penalties of	f perjury that:			
1. the renev	ved license will be of the	e same type for the	same premises now	licensed;	
	see has complied with al		=	o taxes; and	
3. the prem	ises are now open for bu	ısiness (If not expl	ain below)		
SIGNED BY:	Individual, Partner or	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NILIMDED.	EMPI OYER	P IDENTIFICAT	ION NUMBER:
	TELEPHONE	NUMBER:	(Note: NOT Ind		
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of li	ector and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
					
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 037200068		CITY OR TOW	'N EDGARIC	JWN
APPLICATION FOR	R RENEWAL:	Seasonal	LICI	ENSED FOR 2	013
		CLASS			YEAR
	BOATHOUSE CLU A THE BOATHOUS				
ADDRESS 2 FIELD	HOUSE ROAD				
CITY/TOWN: EDC	GARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER: AND T	ERSON,SCOT TYPE	OF LICENSE:Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMISE	ES:			
	D HOUSE ROAD INCL IER BUILDINGS AND (SE,FITNESS CEN	TER,TENNIS FA	ACILITIES,
I hereby certify and s	wear under penalties o	f perjury that:			
1. the renew	ed license will be of th	e same type for the	same premises n	ow licensed;	
2. the license	ee has complied with a	ll laws of the Comr	nonwealth relatin	ig to taxes; and	
	ses are now open for b			,	
SIGNED BY:					
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICA	ΓΙΟΝ NUMBER:
			(Note: NOT Individual Social Security Number)		
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the head	d of the fire depa	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)				
			-		
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

ADDITION FOR DENEMAL)WN
APPLICATION FOR RENEWAL:	Seasonal	LICE	NSED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: BOATHOUS	E CLUB, LLC			
DOING BUSINESS A THE BOAT	HOUSE			
ADDRESS 2A MAIN STREET				
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER:	TYPE OF LICENSE: Club	(CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PR				
THE 2ND AND 3RD FLOOR OF 2 MAOOF THE PROPERTY INCLUDING A IFLOOR.STORAG LOCATED IN THE	FOYER ON THE 1ST FLOOR	, AND DECKS ON		
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will	be of the same type for the s	ame premises nov	w licensed;	
2. the licensee has complied	l with all laws of the Comm	onwealth relating	to taxes; and	
3. the premises are now ope	en for business (If not explai	n below)		
SIGNED BY: Individual, Pa	artner or Authorized Corpor	ate Officer		
DATE:		EMPLOY	ED IDENTIFICAT	NON NUMBER.
DATE: TELEP	HONE NUMBER:		ER IDENTIFICAT	
DATE: TELEP We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certificator 2010.	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Incertificate requi of the fire depar	ndividual Social S red by Chapt tment for the	er 304 of the above
We the undersigned, attest that w Acts of 2004, signed by the buildinamed license and (2) the certification	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Incertificate requi of the fire depar	red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certification of 2010.	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Ir certificate requi of the fire depar ance required by	red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certification of 2010. Please Check Below:	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Incertificate requision of the fire departance required by LOCAL LICEN	red by Chapt tment for the Chapter 116	er 304 of the above of the Acts
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certification of 2010. Please Check Below: APPROVED: DISAPPROVED:	re are in possession (1) the ng inspector and the head	(Note: <u>NOT</u> Incertificate requision of the fire departance required by LOCAL LICEN	red by Chapt tment for the Chapter 116	er 304 of the above of the Acts



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200070	(CITY OR TOWN EDGARTO	WN
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 20	13
	CLASS	,	YEAR
LICENSEE NAME: FLATBREAD MAI	RTHA'S VINEYARD	INC.	
DOING BUSINESS A FLATBREAD CO	OMPANY		
ADDRESS 17 AIRPORT ROAD			
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539	
MANAGER: CUCCHIARELLI, TYP PAUL	PE OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	SES:		
ONE SPLIT LEVEL FLOORUPPER LEVEL KITCHEN, TWO OFFICES AND INDOOR PFLOOR			
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the same	ame premises now licensed;	
2. the licensee has complied with	all laws of the Commo	onwealth relating to taxes; and	
3. the premises are now open for	business (If not explain	n below)	
SIGNED BY:			
Individual, Partner	or Authorized Corpora	ate Officer	
DATE: TELEPHONI	E NUMBER:	EMPLOYER IDENTIFICATI	ON NUMBER:
		(Note: NOT Individual Social Se	curity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	pector and the head	of the fire department for the	above
Please Check Below:		LOCAL LICENSING AUTHO	RITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DIIID.			



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 037200075		CITY OR TOWN	EDGARTOW	⁷ N
APPLICATIO	N FOR RENEWAL:	Seasonal	LICENSED FOR 2013		
		CLASS		Y	EAR
LICENSEE NA	AME: BLACK SHEEP CH	ARCUTERIE, INC.			
DOING BUSI	NESS A BLACK SHEEP				
ADDRESS 18	N. SUMMER ST.				
CITY/TOWN:	EDGARTOWN	STATE: MA	ZIP CODE:	02539	
MANAGER:	VENETTE, MARK TYPE W.	OF LICENSE:Rest	aurant CA'		Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM.	AIL ADDRESS		
	N OF LICENSED PREMISE				
AND STAFF OF BEVERAGES A	NG BLDG. WITH ONE OFF S' NLY. NO ON SITE CUSTOME ARE A SERVER STATION AN LL NOT HAVE A VAR HOWI	ER PARKING OR OU D SECOND FLOOR I	TDOOR GATERING LOCKED OFFICE/ST	SPACE.STORA ORAGE AREA	AGE OF
I hereby certify	y and swear under penalties o	f perjury that:			
1. the	renewed license will be of th	e same type for the s	same premises now l	icensed;	
2. the	licensee has complied with a	ll laws of the Comm	onwealth relating to	taxes; and	
3. the	premises are now open for be	usiness (If not explai	in below)		
SIGNED BY:	Individual, Partner o	r Authorized Corpor	rate Officer		
DATE:	TELEPHONE	NIIMRER:	EMPLOYER I	DENTIFICATIO	N NUMBER:
	TEELITIONE	NOWIDEK.	(Note: NOT Indiv	idual Social Secu	urity Number)
Acts of 2004,	rsigned, attest that we are in signed by the building insp e and (2) the certificate of li	ector and the head	of the fire departm	ent for the al	bove
Please Check Belo	ow:		LOCAL LICENSII	NG AUTHOR	RITY
APPROVED:			By:		· -
DISAPPROVI					
(If disapproved	d explain)		-		
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 037200077		CITY OR TOWN EDGARTOWN	N
APPLICATION FOR RENEWAL	: Seasonal	LICENSED FOR 2013	
	CLASS	YE	AR
LICENSEE NAME: GREENHO DOING BUSINESS A ADDRESS 55 MAIN STREET	OUSE LLC		
CITY/TOWN: EDGARTOWN	STATE: MA	ZIP CODE: 02539	
MANAGER: COURTNEY, PATRICK MODE	TYPE OF LICENSE: Re		l Alcohol
	5		
EMAIL ADDRESS:	THE OUR WERGIFF AND ENTER VOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED I	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DINING ROOM WITH 8 OUTDOOD USED FOR FOOD PREP, STORAGE	R SEATS PLACED AGAINST E , DISHWASHING AND BA	MENT. 1ST FLOORI BATHROOM, KITO I FRONT OF THE BUILDING BASEME THROOMS. TWO EXITS; ONE TO MA IDE EXIT TO NORTH SUMMER STRE	ENT IN
I hereby certify and swear under p	enalties of perjury that:		
	· -	e same premises now licensed;	
_		nmonwealth relating to taxes; and	
3. the premises are now o	ppen for business (If not exp	lain below)	
SIGNED BY: Individual,	Partner or Authorized Corp	porate Officer	
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur	
Acts of 2004, signed by the buil	ding inspector and the hea	he certificate required by Chapter 3 ad of the fire department for the abourance required by Chapter 116 of	ove
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORI By:	TY
DATE:			